MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013861

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3232

FILED MAR 28 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois COUNTY Clinton

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI
Length of stay in 1b: 5 Days.

c. CITY OR TOWN Centralia
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 534 W. 2nd
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
OLINDA	C.	SPREHE	MARCH	18	1963

5. SEX	6. COLOR OR RACE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HR Hours	Min.
Female	White		4/6/1898	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Housewife	Home	Hoffman, Ill.	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
William H. Husmann	Caroline Walker	Ben W. Sprehe

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) No (If yes, give war or dates of)

NO. 4

17. INFORMANT Address St. Louis, Mo.
Robert Sprehe, 5210 Schollmeyer,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	PULMONARY EMBOLI	2-3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CONGESTIVE HEART FAILURE	2 years
DUE TO (c)	ARTERIOSCLEROTIC HEART DISEASE	2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/11/60 to 3/18/63 and last saw her him alive on 3/18/63
Death occurred at 11:05 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. D. Vermeulen, M.D. (Degree or title) M.D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 3/19/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 3/21/63

23c. NAME OF CEMETERY OR CREMATORY H offman

23d. LOCATION (City, town, or county) (State) Clinton Co.-Lake Twp., Ill

24. FUNERAL DIRECTOR ADDRESS McLaughlin, 2301 Lafayette, St. Louis Mo.

25. DATE RECD. BY LOCAL REG. MAR 19 1963

REGISTRAR'S SIGNATURE Boad Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	8/20/7		2
3			
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12	52-0		
13			

52

BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student _____ Signed James R Chapman
Signature of Student Embalmer

Licensed Embalmer No. 04550

P. O. Address St. Louis, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.